LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

1 2

LOBBYISTS (Sec. 67-6619)

Page of Page(s)
THIS SPACE FOR OFFICE USE ONLY

2005 J 11 12 65 9 36

		(Type or print cl	learly in black ink))	175	11)		
			at bottom of page									
Lobbyist's name and permanent business address H. Dwight Whittaker 555 West 25th Street				Date prepared				Period covered Y year ending				
Idah	o Falls	02				01/04/05		(Mo.)	(Day)	(Yr.)		
	*								12	31	04_	
Item 1	Totals	of all reportab	le expenditures made or	incurred by	y Lobby	ist or b	y Lobbyist's Empl	oyer on behalf o	of Lobbyis	st's Emplo	yer.	
Category of Expenditure			* Total Amount for				nts contributed by each employer (Identify employers, under of page.)					
			All Employers	Employer No. 1		1	Employer No. 2	Employer N	Employer No. 3 Employer		er No. 4	
Entertainment Food and Refreshment			\$	\$	•	\$	\$:	\$		
Living Accommodations						_ .						
Advertising						_ -						
Travel						_ .						
Telephone						.						
Other I	Expenses or	Services	325.88	325.	88	.						
Total			\$325.88	_{\$} 325.	88	\$		\$:	\$		
*1	When the num	ber of employers	I s you are reporting for requi	 ires multiple	L-2 form	I is to be f	iled a total amount fo	l or all employers sh	l nould be en	tered on Pa	ge 1.	
Item	The totals	of each expend	iture of more than fifty	dollars (\$50) for a le	egislato						
2	Date		Place		Am	ount	Names	of Legislators & F	ublic Offic	ials in Grou	ıp	
		None										
	Continued on	attached page(s)					<u> </u>					
INSTRUCTIONS						Item 3	3 Employer(s) Name(s) and Address					
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.					on	No.1 555 W		West 25th Street no Falls, ID 83402				
Filing deadline: Annual report is due on January 31st.						No.2						
TO BE FILED WITH:										-		
Ben Ysursa Secretary of State PO Box 83720						No.3						
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						No.4						

Item 4			byist or by the lobbyist's er			of mon	ey or other tangible or intangible				
	D	ate Amount		Name of Legislator Receiving or Benefited							
2/04, 2/10,		176.40 149.48	at the Legi the gift pa Donated two	120 desk top tape dispensers @1.47/ea for "Buy Idaho" day at the Legislature. Don't know which Legislators picked up the gift packets Donated two Bug Lights (\$16), bird vest (\$52.50), wader back pack (\$22.98), 6 winged weeder tools (\$10/ea = \$60)							
Item	_	Subject matter of proposed legislation, the number of the Sen			LEGISLATIVE SUBJECT IDENTIFICATION						
5		obbyist was supporting or o	r legislative activity in which pposing.	Code	Subject	Code	Subject				
Subject (from the subject of the sub	table)	Bill, Resolution or Other Legislative Ident, Number	Appropriation Bill Number and Section Number S1410 S1425	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, ninors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Ommun	Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify) ity Rehabilitation Programment of the				
		DN: I hereby certify that the	e above is a true, complete and in 67-6624 Idaho Code.		Employer No. 2 signature Employer No. 3 signature	*	Date				
					Employer No. 4 signature		Date				